

(Office Symbol)

(Date)

MEMORANDUM THRU Directorate of Resource Management, ATZT-RM-PB, Fort
Leonard Wood, MO 65473

TO Directorate of Contracting, Pre-Award Division, SFCA-NR-LW, Fort
Leonard Wood, MO 65473

SUBJECT: **Request for IMPAC Credit Cardholder**

CARDHOLDER NAME _____
(first name, middle initial, last name, rank/grade)

DEPT/AGENCY/OFFICE NAME _____

OFFICE STREET ADDRESS: _____

CITY _____ STATE _____ ZIP _____

OFFICE SYMBOL: _____ E-MAIL ID _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

PASSWORD PROMPT _____ PASSWORD _____
(Mother's Maiden Name, Father's Middle Name, Birthplace, Favorite Sports Team, Child's Name, Pet Name)

BILLING OFFICIAL FOR THIS CARDHOLDER _____

MERCHANT CATEGORY CODES FOR THIS CARDHOLDER _____

SINGLE PURCHASE LIMIT _____ 30-DAY SPENDING LIMIT _____

*ADJUST BILLING OFFICIAL'S OFFICE LIMIT ACCORDINGLY _____
(BUDGET ACTIVITY'S INITIALS)

*CHILD RULE SET NAME _____

*IMA/MISSION ACCOUNT (CIRCLE ONE)

*BUDGET ACTIVITY'S NAME (TYPED/PRINTED), INITIALS, AND DATE

IMPAC TRAINING AND DAU TUTORIAL CERTIFICATES ARE ATTACHED.

(Memo Must be signed by Commander or Director)

*To be completed by DRM personnel